

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

2009 OCT 29 AM 10:13

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Hindman

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Kelly Hindman

Office Sought

District (if Senate or House)

City Council - Ward 4

**FORM
DR-2**

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Risa Shumkat

SIGNATURE OF PERSON FILING REPORT

408-6370

TELEPHONE

10/29/09

DATE SIGNED

I AM FILING A 1 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

November 3, 2009

County & Local Committees, enter County in
which Election is held
Webster

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

4,725.04

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL..... \$

4,725.04

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

3,973.28

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 751.76

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0.00

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 881.72

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

People For Hindman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
08/25/2009	ID# CK# 3950 ✓	Wood, Karen & Bob 980 - 15th Avenue N Fort Dodge, IA 50501	None	\$100	<input type="checkbox"/>
08/25/2009	ID# CK# 9655 ✓	Bocken, Bob 2904 15th Avenue N.E. Fort Dodge, IA 50501	None	125	<input type="checkbox"/>
09/08/2009	ID# CK# 2032 ✓	Carson, Terry & Renee 2731 N. 13th Place Fort Dodge, IA 50501	None	100	<input type="checkbox"/>
09/16/2009	ID# CK# 1755 ✓	Kersten, Anne & Lauinger, Brett 1000 Crawford Avenue Fort Dodge, IA 50501	None	20	<input type="checkbox"/>
09/16/2009	ID# CK# 1223 ✓	Lamfers, Keith & Kellen, Joni 1923 N. 16th Street Fort Dodge, IA 50501	None	25	<input type="checkbox"/>
09/16/2009	ID# CK# 1542 ✓	Jacobson, Edward & Laura 214 5th Avenue North Fort Dodge, IA 50501	None	25	<input type="checkbox"/>
09/16/2009	ID# CK# 3088 ✓	McQueen, Scott 2704 North 25th Place Fort Dodge, IA 50501	None	25	<input type="checkbox"/>
09/16/2009	ID# CK# 3817 ✓	Bocken, Amy & Greg 1641 Jonathan Drive Fort Dodge, IA 50501	None	50	<input type="checkbox"/>
09/16/2009	ID# CK# 5432 ✓	Bird, Jim 911 North 13th Street Fort Dodge, IA 50501	None	50	<input type="checkbox"/>
09/16/2009	ID# CK# 6592 ✓	Woehl, Bill or Mary 2612 Williams Drive Fort Dodge, IA 50501	None	50	<input type="checkbox"/>
SUB-TOTAL				\$ 570	
TOTAL (if last page of this schedule)				\$	

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Page 1 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Hindman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
09/16/2009	ID# CK# 265 ✓	Bocken, Jeffrey 3654 N. Francisco Avenue Chicago, Illinois 60618	None	\$50	<input type="checkbox"/>
09/16/2009	ID# CK# 8211 ✓	Kregel, Kathleen & Thomas 723 Elizabeth Avenue Fort Dodge, IA 50501	None	50	<input type="checkbox"/>
09/16/2009	ID# CK# 5326 ✓	Maggio, Dr. M & LL 815 Northwood Avenue Fort Dodge, IA 50501	None	75	<input type="checkbox"/>
09/16/2009	ID# CK# 4853 ✓	Leiting, Larry & Beverly 1503 12th Avenue North Fort Dodge, IA 50501	None	100	<input type="checkbox"/>
09/16/2009	ID# CK# 4930 ✓	Mulholland, Neven & Jill 833 Northwood Avenue Fort Dodge, IA 50501	None	100	<input type="checkbox"/>
09/16/2009	ID# CK# 2805 ✓	Kesterson, James 160 Parkwood Court Fort Dodge, IA 50501	None	100	<input type="checkbox"/>
09/16/2009	ID# CK# 17969 ✓	Fitzgerald, Shari 726 North 3rd Street Fort Dodge, IA 50501	None	100	<input type="checkbox"/>
09/16/2009	ID# CK# 3533 ✓	Daniel, Steven 2188 - 160th Street Fort Dodge, IA 50501	None	100	<input type="checkbox"/>
09/16/2009	ID# CK# 4925 ✓	Taets, John & Doris 1640 North 30th Street Fort Dodge, IA 50501	None	100	<input type="checkbox"/>
09/16/2009	ID# CK# 2151 ✓	Nanninga, John 1352 - 28th Avenue North Fort Dodge, IA 50501	None	100	<input type="checkbox"/>
SUB-TOTAL				\$ 875	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Hindman

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/16/2009	ID# CK# 3812 ✓	Mansfield, JP 1625 Fifth Avenue South Fort Dodge, IA 50501	None	\$100	<input type="checkbox"/>
09/16/2009	ID# CK# 3075 ✓	Wegener, Brian & Lisa 140 Country Club Drive Fort Dodge, IA 50501	None	100	<input type="checkbox"/>
09/16/2009	ID# CK# 6568 ✓	Becker, Paul & Candie Fort Dodge, IA 50501	None	100	<input type="checkbox"/>
09/16/2009	ID# CK# 3041 ✓	Hopper, Terry & Pamela 1155 Fox Ridge Rd Fort Dodge, IA 50501	None	100	<input type="checkbox"/>
09/16/2009	ID# CK# 3075 ✓	Shimkat, Bill & Kim 2835 North 7th Street Fort Dodge, IA 50501	None	150	<input type="checkbox"/>
09/16/2009	ID# CK# 2462 ✓	Bradley, David 916-5 Williams Drive Fort Dodge, IA 50501	None	100	<input type="checkbox"/>
09/16/2009	ID# CK# 3321 ✓	Boeckman, Tamela 2733 17th Avenue North Fort Dodge, IA 50501	None	50	<input type="checkbox"/>
09/16/2009	ID# CK# 5550 ✓	Moench, Mary & James 704 Crest Avenue Fort Dodge, IA 50501	None	50	<input type="checkbox"/>
09/16/2009	ID# CK# 11321 ✓	Schminke, Dr Kevin & Sarah 224 10th Avenue North Fort Dodge, IA 50501	None	25	<input type="checkbox"/>
09/16/2009	ID# CK# 4491 ✓	Shimkat, Ed & Judy 6247 Twin Lakes Road Manson, IA 50563	None	25	<input type="checkbox"/>
SUB-TOTAL				\$ 800	
TOTAL (if last page of this schedule)				\$	

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Page 3 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

People For Hindman

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/21/2009	ID# CK# 4468	Bruner, John 2729 Ashwood Lane Fort Dodge, IA 50501	None	\$25	<input type="checkbox"/>
09/29/2009	ID# CK# 3325	Gunderson, Phil 1601 North 15th Street Fort Dodge, IA 50501	None	150	<input type="checkbox"/>
09/29/2009	ID# CK# 3475	Cassens, Dave 1864 Kountry Lane Fort Dodge, IA 50501	None	150	<input type="checkbox"/>
09/29/2009	ID# CK# 1933	Bunte, Brent 2808 North 25th Street Fort Dodge, IA 50501	None	40	<input type="checkbox"/>
10/14/2009	ID# CK# 3438	Kramer, John 822 Central Fort Dodge, IA 50501	None	50	<input type="checkbox"/>
10/14/2009	ID# CK# 3340	Erickson, Brian 1122 Oakwood Rd. Fort Dodge, IA 50501	None	30	<input type="checkbox"/>
10/15/2009	ID# CK# 1121	Enke, William 1105 Crawford Avenue Fort Dodge, IA 50501	None	100	<input type="checkbox"/>
10/15/2009	ID# CK# 790	Doty, Kevin 1450 20th Avenue North Fort Dodge, IA 50501	None	100	<input type="checkbox"/>
10/13/2009	ID# CK# 8934	Martens, Vicki 217 11th Avenue North Fort Dodge, IA 50501	None	50	<input type="checkbox"/>
10/13/2009	ID# CK# 21740	Pittner, Kurt 805 Central Fort Dodge, IA 50501	None	100	<input type="checkbox"/>
SUB-TOTAL				\$ 795	
TOTAL (if last page of this schedule)				\$	

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Page 4 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Hindman

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/01/2009	ID# CK# 7934	Cochrance, Stuart 1923 North 17th Street Fort Dodge, IA 50501	None	\$35	<input type="checkbox"/>
10/01/2009	ID# CK# 6569	Burns, Timothy 3116 12th Avenue North Fort Dodge, IA 50501	None	50	<input type="checkbox"/>
10/01/2009	ID# CK# 3832	Fredericks, Brian 860 S. 17th Street Fort Dodge, IA 50501	None	200	<input type="checkbox"/>
10/01/2009	ID# CK# 09337	Decker, Donald 2244 Lakewood Trail Fort Dodge, IA 50501	None	200	<input type="checkbox"/>
09/16/2009	ID# CK#	Pass the Hat - People for Hindman 605 North 13th Street Fort Dodge, IA 50501	None	869.04	<input type="checkbox"/>
09/30/2009	ID# CK#	Pass the Hat - People for Hindman 605 North 13th Street Fort Dodge, IA 50501	None	20	<input type="checkbox"/>
10/25/2009	ID# CK#	Conlon, Herb 1636 10th Avenue North Fort Dodge, IA 50501	None	20	<input type="checkbox"/>
10/25/2009	ID# CK#	Conlon, MaryKay 1636 10th Avenue North Fort Dodge, IA 50501	None	20	<input type="checkbox"/>
10/23/09	ID# CK#	Pass the Hat People for Hindman	None	1.00	<input type="checkbox"/>
08/25/2009	ID# CK#	Hindman, Kelly 1230 17th Ave. North Fort Dodge, IA 50501	Candidate	100	<input type="checkbox"/>
SUB-TOTAL				\$1515.04	
TOTAL (if last page of this schedule)				\$	

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Page 5 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Hindman

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/23/2009	ID# CK# 4224	Frischmeyer, Michael 1118 Colonial Drive Fort Dodge, IA 50501	None	\$50	<input type="checkbox"/>
10/23/2009	ID# CK# 4222	Whiting, Mrs. Richard 2656 Woodland Dr Fort Dodge, IA 50501	None	20	<input type="checkbox"/>
10/23/2009	ID# CK# 8170	Hill, Doug 1124 Summit Drive Fort Dodge, IA 50501	None	50	<input type="checkbox"/>
10/23/2009	ID# CK#	Pass the Hat - People for Hindman 605 North 13th Street Fort Dodge, IA 50501	None	50	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 170	
TOTAL (if last page of this schedule)				\$ 4725.04	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Hindman

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/02/2009	ID# CK# 100	Jifi Print 220 Central Avenue Fort Dodge, IA 50501	Invites	\$ 55.80
09/02/2009	ID# CK# 101	USPS Fort Dodge, IA 50501	Stamps	56
10/15/2009	ID# CK# 102	Twist & Shout 723 Central Avenue Fort Dodge, IA 50501	Advertising	113
10/15/2009	ID# CK# 103	Jifi Print 220 Central Avenue Fort Dodge, IA 50501	Door Hangers	513.58
10/15/2009	ID# CK# 104	Double M Signs 519 1st Avenue South Fort Dodge, IA 50501	Yard Signs	1622
10/24/2009	ID# CK# 108	Tim O'Tool 2923 Oak Tree Circle Fort Dodge, IA 50501	Part of Food/Beverages for Fundraiser	425
10/24/2009	ID# CK# 105	Messenger News 713 Central Avenue Fort Dodge, IA 50501	Advertising	1059.48
10/24/2009	ID# CK# 107	Jifi Print 220 Central Avenue Fort Dodge, IA 50501	Handout	102.02
SUB-TOTAL				\$ 3946.88
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Hindman

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/24/2009	ID# CK# 106	USPS Fort Dodge, IA 50501	Stamps	\$ 26.40
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 26.40
TOTAL (If last page of this schedule)				\$ 3973.28

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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Hindman

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
09/16/2009	Tim O'Tool 2923 Oak Tree Circle Fort Dodge, IA 50501	Brother-in-law	Food, beverages	\$ 706.72	<input checked="" type="checkbox"/>
09/29/2009	Dave Jones 1415 14th Avenue North Fort Dodge, IA 50501	None	Sign Printing	175.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 881.72	
TOTAL (If last page of this schedule)				\$ 881.72	

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Page 1 of 1
(for Schedule E)